THE VETERINARY RECORD

A Weekly Journal for the Profession.

FOUNDED BY WILLIAM HUNTING, F.R.C.V.S.

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MAN-POWER.

The question of what should be the numerical strength of our profession to meet the national requirements has recently been raised. It would be a very difficult one at any time, and is especially so now in view of the many uncertainties in the national prospects.

It is possible to over-rate the importance of an introductory question that has also been asked—whether the profession was under-manned in 1914 and previously. We have already seen important changes, with the probability of others to follow, so that any comparisons with pre-war conditions are of doubtful value. To recognise and estimate the new condition will be more helpful. There are some we can see, though we can hardly yet judge their importance and permanence; and on these we must assess our needs in man-power as best we can.

Undoubtedly there is a larger field for private veterinary practice among farm stock following the recognition of the necessity of greater home production. That field may fairly be expected to remain and to expand. Undoubtedly, also, there will be an increased call for graduates for the veterinary public service at home. These indications are in one direction. There are others which point differently.

Motors have not yet completed their inroads upon horse labour. A considerable part of private practice dependent upon the luxuries of the well-to-do is now more or less at a discount for an indefinite period. The establishment of high-class veterinary schools in several of our possessions overseas will reduce if not entirely destroy the demand for our graduates there in a not distant future. The present increase in unqualified practitioners, and the difficulties met by some demobilised graduates seeking employment, must also be considered; though against the last point we have the fact that the country has not yet fairly settled down.

The mere recital of these points shows that the question is a complex and dubious one. Not many men possess the special knowledge fitting them to deal with it; and, of those who do, it is probable that few have yet seriously attempted to think it out. On this account it hardly seems suitable for discussion at societies' meetings, which might very likely tend to further confuse rather than to elucidate it. Yet it is a question which members would do well to consider closely, watching the signs of the times meanwhile. Just now those signs are distinctly conflicting, and we must await further developments.

LUMBAR PARALYSIS IN THE COW.

By HENRY B. EVE, M.R.C.V.S., Folkestone.

Subject. Red and white cow, aged about 6 years, in moderate condition.

History. The cow had calved unaided three days previously, a live calf (fourth). I found her on arrival in a loose-box, not chewing the cud, and unable to rise. Subject appeared quite restful, pulse good, no rise of temperature or coma present. Owner had tailwormed her, injected udder, and applied Elliman's embrocation, mustard and vinegar plaster to spine, ironed the same; but was unable to get her up even with the attendance of a dog. The cow had cleansed all right, and owner had syringed out the "uterus" with Condy's fluid, given Epsom salts, and various patent medicines—unsuccessfully.

Diagnosis. Lumbar paralysis. Prognosis:—Doubtful, wait and see. Advised treatment,

Treatment. Gave Ammon. carb., and Nucis vomica in ale twice daily. I had cow turned over twice daily, and blistered (cantharides) both hocks as recommended by "Horst Tempel"; washed off the dressing to spine used by owner and applied emollient dressing as it was sore. Passed catheter, and drew off a quantity of urine, and left in position (stitched to skin) to save visits, as place was a long way off, and client was not fond of paying vets fees, being inclined to kill it instead. Three days after I revisited, animal still unable to rise, blistered hocks again severely, gave hyp. inj. of cardiac tonic (Parke, Davis and Co.) digitalin, spartein and strychnine, and continued ammon. carb. and nux vomica treatment—the latter drug given in large doses.

She was given roots, linseed cake, and usual feed, and treacle water to drink, to counteract constipation.

Result. Cow got up eventually at the end of ten days, and has done well since, so the owner states, which I was pleased to hear.

DYSTOKIA IN A COW.

DUE TO PRESENCE OF A CELOSOMIAN MONSTROSITY.

Species: SCHISTOSOMUS REFLEXUS.

On Christmas evening 1919, I was called to a crossbred British Friesian cow, which had been in labour with her second calf for several hours, and had been straining violently.

Examination showed a mass consisting of large and small intestines and mesentery protruding from the lips of the vulva, the cowman naturally said "the cow's inside was coming out"; close inspection of the parts fortunately proved that they

were portions of the abdominal viscera of the fœtus. Having removed the fœtal intestines, stomach, and other abdominal viscera, the cause of the dystokia was easily recognised as due to an example of a species of celosomian monstrosity, the schistosomus reflexus, the fœtus in the posterior presentation. Further examination revealed a mass of muscles and bone, entirely devoid of hair or skin, tightly wedged below the pubic brim of the cow.

In this mass of substance certain boney structures could be detected and identified. Several vertebrae which belonged to the sacral and lumbar portions of the inverted spinal column were removed.

After a little while a sharp and a blunt embryotomy hook were fixed into the pelvic girdle of the foetus and the mass raised above the pubic brim of the cow towards the vagina.

Having discovered the heart, which was ectopic, but in which pulsation could not be detected, it was removed, then three ribs were removed and the lungs taken out; finally a double jointed hook was inserted into the mass, and the hind portion of the monstrosity brought into the vagina.

With a little more work and patience the fœtus was extracted, it weighed 4 stone 6lb. The cow was on her feet in less than half an hour afterwards, and she made an uneventful recovery.

Enclosed please find photographs of the monstrosity. One photo shows the anterior extremity of the fœtus. In it one will notice the short wide face and nose (Perocephalus brachyrhynchus) the short neck, the well developed shoulders, which remind one of the face and chest of a bull dog. This photo also shews the position of the hind limbs which will be noticed are placed close to the neck and fore limbs in a reduplicature of skin.

The other photo shews the posterior extremity of the fœtus with the exposed abdominal viscera and the reduplicated skin, which encompasses the thighs buttocks, and tail.

Although we know this particular species of monstrosity is not rare in the cow, nevertheless, in a great number of instances, extensive embryotomy is necessary in order to extract the fœtus; in consequence of which a photograph sometimes reveals considerable unavoidable mutilation of the specimen and which detracts in a measure from the value of the print as a pictorial record of one of the causes of dystokia, which one encounters in country practice.

Ipswich, Jany. 1920. HORACE L. ROBERTS, F.R.C.V.S.

ABSTRACTS FROM FOREIGN JOURNALS.

SPIRILLAR ABORTION IN CATTLE.

E. Smith reported his researches upon this question in the *Journal of Experimental Medicine* for 1918. In an epidemic of infectious abortion, he encountered a considerable number of cases in which it was not possible to isolate Bang's bacillus from the fœtus and from the placenta. These cases comprised (*a*) some fœtuses which yielded sterile cultures, (*b*) others from which colonies which resembled the bacillus coli or other related bacilli grew rapidly, and (*c*) others which yielded pure cultures of spirilli. In fourteen cases from which spirilli were isolated in pure cultures, it was impossible to isolate Bang's bacillus. In these cases the lesions were situated by preference, but not exclusively, in the fœtal membranes. The fœtus was more rarely infected.

The spirilli penetrate through the digestive and respiratory mucous membranes when the fœtus swallows amniotic liquid. Less frequently, the spirilli are found disseminated in the organism by means of the circulation.

Cultures are only obtained when the supply of oxygen is scanty, for which reason it is necessary to close the tubes with paraffin or wax. The small experimental animals are refractory to infection.

In the course of his research, Smith found Bang's bacillus in twenty-seven cases of infectious abortion, and the spirillum in fourteen cases; but he never encountered an association of these two micro-organisms. The spirillum was never isolated from primiparous animals, but only in second and in subsequent pregnancies.—(*La Clinica Veterinaria*).

W.R.C.

(This work of Smith's is mentioned in the article by W. Cotton, an abstract of which appeared in the V.R. for January 17th, 1920, page 327.—*Transl.*)

ANGLO-FRANCO-BELGIAN VETERINARY RELIEF FUND
BRITISH COMMITTEE.

Registered under the War Charities Act, 1916.

Chairman:
F. W. Garnett, J.P., M.R.C.V.S.

Hon. Treasurers:
Jno. A.W. Dollar, M.R.C.V.S. T. Salusbury Price, M.R.C.V.S.

Hon. Secretaries:
Sir Stewart Stockman, M.R.C.V.S. Fred Bullock.

To the Editor of "The Veterinary Record."

Sir,—We should be glad if you would kindly give publicity to the enclosed translation of a letter received from Prof. Vallée, Chairman of the French Committee dealing with the funds which were collected for the relief of veterinary surgeons in devastated regions of Belgium and north France. As the British Committee has concluded its work, and will not hold any further meeting, this is the only means we have of making public this very kind letter of thanks.—Yours faithfully,

STEWART STOCKMAN,
FRED BULLOCK, } Hon. Secs.

COMITÉ ANGLO-AMERICAN-FRANCO-BELGE DE SECOURS VÉTÉRINAIRE.

Sirs,—Our Treasurers, Messrs. Asselin and Houzeau, have already acknowledged receipt of your kind remittance of the 3rd November, 1919.

At the last full meeting, our Committee entrusted to me the duty of expressing to the British Committee their very sincere and heartfelt gratitude for the kindly and active assistance they have so willingly given to our common task.

But more than this, all our French and Belgian colleagues have been touched to see how great was the success of the efforts so generously made by their British colleagues on behalf of those of us who have so cruelly suffered by the German invasion and devastation.

At the moment when our common task is drawing to a close it gives me particular pleasure to renew to you the expression of our profound gratitude, and to ask you to be so good as to be our interpreter to the whole British veterinary profession, and especially to the British Committee.

Our committee will not fail, on the conclusion of its task, to furnish you with a detailed report of what has been done.—With kind regards, yours sincerely,

H. VALLÉE, President.

Alfort, 4th Feb., 1920.
The Joint Hon. Secretaries, British Committee.
Anglo-Franco-Belgian Veterinary Relief Fund.

NATIONAL VETERINARY MEDICAL ASSOCIATION

WEST OF SCOTLAND DIVISION.

A well attended and successful meeting of the Association was held in the Glasgow Veterinary College on 21st January. The following were present:—Messrs. Begg, Blue, Brown, Campbell, Dalglish, Dickie, Gaiger, Hazell, McFarlane, McKay, McLeod, Meikle, Mitchell, Pottie, Robb, Robertson, Roy, Taylor and Weir.

It was decided that all members of this Association are *ipso facto* members of the National Veterinary Medical Association, and that the subscription of One Guinea to the West of Scotland Association includes the membership subscription for the National Association.

It was resolved that the following letter be sent to all local Live Stock Insurance Companies and to the Live Stock Offices Association in London, and to the National Veterinary Medical Association :-

"At a meeting of the West of Scotland Veterinary Medical Association held in the Glasgow Veterinary College on Wednesday, 21st January, it was decided that the following shall be the prices which will be accepted by the members of the Association in payment for examination of animals for Insurance Companies:-

Horses under £50 value.			
For 1st a minimum of		10	6
„ 2nd „		10	6
„ 3rd „		7	6
All horses after three	each	5	0
For horses £50 to £99 value	„	15	0
For horses £100 value and over	„	£1 1	0

"These prices to hold good when the examination is done within one mile of the surgery. For journeys over one mile 1/6 per mile, one way."

The following names were proposed and seconded for membership of the Association:-

Messrs. W. J. Forbes, Kilmarnock; W. Gardner, Maybole; H. A. Hazell, Dunoon; W. Jackson, Hamilton; J. Jarvie, Carluke; M. McKay, Aberfoyle; A. McDougall, Glasgow; J. McDougall, Helensburgh; J. Pollock, Hamilton; J. Renfrew, Glasgow; Q. A. Stewart, Old Cumnock; D. C. Smith, New Cumnock; J. L. Taylor, Coatbridge; P. Wilson, Lanark; and W. S. McMurrich, Helensburgh.

G. WEIR, Secretary.

SOUTH DURHAM & NORTH YORKSHIRE DIVISION.

A special meeting of Veterinary Surgeons was held at the Imperial Hotel, Darlington on Friday, January 16th, to discuss the question of minimum Professional charges.

In the absence of the President (Mr. J. M. Walker) the chair was taken by Mr. G. R. Dudgeon, Sunderland. There were also present: Messrs. T. T. Jack, Sunderland; H. S. Elphick, Newcastle; T. R. Jarvie, Gateshead; W. A. Campbell, Boroughbridge; A. S. Ferguson, Bedale; S. Hicks, West Hartlepool; R. Barker, Eaglescliffe; H. Leggett, Middlesbrough; W. Awde, Stockton; T. Wilkinson, Lanchester; J. R. Rider, Beamish; A. C. Forbes, Bishop Auckland; C. G. Hill, Darlington; and the Hon. Sec. Apologies for absence were received from Messrs. J. M. Walker, West Hartlepool; G. Elphick, Corbridge; H. Peele, Durham; W. N. Dobbing and J. F. McDonald, Darlington; G. Thompson, Barnard Castle, E. R. Gibson, Seaham Harbour; G. Edmundson, Middleham; H. Walpole, G. J. Harvey, Whitby and P. Snaith, Bishop Auckland.

The scale of fees adopted by the North of England V.M.A. were taken as a guide, each item being discussed, separately and with the exception of one or two slight alterations and additions, this scale was agreed upon (It differs from the scale given on p 339 only in the following items (1) Night visits after 6 p.m. instead of 8 p.m. (2) Castration of Colts, two to three years £2 12 6; over three years £3 3 0 (3) Anti-abortion, each animal after first 2s 6d—instead of 5s 0d (4) Dogs, board per day 1s 6d.)

The Secretary was instructed to send copies to all members of the profession practising in South Durham and North Yorkshire, and at the same time to try to obtain each member's signature to a slip, saying that he is prepared to put into force the scale decided upon. The Chairman in a few remarks said he hoped that all the members of the profession would act honourably to one another, because this was the only way that our rewards could be fulfilled. Perhaps we might suffer a little to commence with, but by sticking together the little grievances of the public would be easily overcome. A vote of thanks to the Chairman concluded an energetic meeting, and the members present had tea together in the hotel.

FRED. H. SANDERSON, Hon. Sec.

DUMFRIES AND GALLOWAY VETERINARY MEDICAL ASSOCIATION.

A meeting was held in the Station Hotel, Dumfries, on Tuesday, February 3rd, at 1.30 p.m. Mr. A. Edgar Whithorn, President, in the chair. Present: Messrs. Lindsay, Vice-President, Dumfries; Littler, Thornhill; McKenzie and Milligan, Annan; Waddell and Allan, Castle Douglas; Baird, Dumfries; Pollock, Lockerbie; McAlister, Hon. Sec. and Treas.

An Apology was read from Mr. McKinlay, Stranraer.
The minutes of last meeting were read and adopted.

MINIMUM FEES.

A discussion took place on the scale of fees. Mr. Lindsay introduced the subject of Tuberculin. He was asked to test cattle with tuberculin supplied by the client. Several cases of the same kind were reported by members present. Many members expressed the opinion that the supply of Tuberculin should be restricted, and sold only to the profession; they did not think it fair to the profession or the buyer of stock if Tuberculin continued to be supplied indiscriminately. It was agreed to bring this up at the National meeting in July.

It was decided to charge the same fee for testing whether the tuberculin was supplied or not. Mr. Baird said he was asked to supply tuberculin to a client. He refused. He moved that "no member of the Society supply tuberculin or other sera to anyone not a member of the profession." Mr. Edgar seconded, and the motion was unanimously carried.

MINIMUM FEES.

VISITS :—Within one mile of the Surgery		3	6
Mileage—one way from Surgery		1	6
Passing visit—one half visit minimum		3	6
Night visits—from 6 to 8 p.m. add 50% ; 8 p.m. to 6 a.m. add 100%			
Additional animals examined	2/6 optional		
Examining animal at Surgery		3	6
OPERATIONS :—Parturition, mares, simple cases	1	1	0
protracted cases	2	2	0
Parturition, cows £1 1s. ; protracted cases	2	2	0
„ sows 10/6 ; bitches		5	0
Removing placenta, mares 10/6 ; cows		7	6
Milk fever, udder injection		5	0
Intratracheal injection, calves 10/6 ; horses		3	6
Anti-abortion inoculation		2	6
Other vaccine or serum inoculation, plus 50% to cost of serum or vaccine			
Other hypodermic injections		2	6
Mallein test, plus all the visits		7	6
(Fee includes cost of the mallein)			
Tuberculin test (per head)		2	6
Ringing bull (ring extra)		3	6
Docking, 10/6 for 2 ; 5/- for 3rd and over ; foals		5	0
Other major operations such as tracheotomy. trephining, etc.	1	1	0
Raising and slinging horse 10/6 ; hire of sling per week		5	0
Castrations :—Colts, under 2 years, 1 gn. up to 3 ; 6 @ 15/- ; over 3 years and upwards	2	2	0
Cryptorchids	3	3	0
Bulls, yearling 5/- ; over 2 years		10	0
Calves, 2/6 each ; over 5 1/6 each			
Dogs, 5/- ; cats		5	0
Umbilical and scrotal hernia	1	1	0
Returning uterus, cows 1 gn. ; mares	2	2	0
Dressing teeth		5	0
Post-mortem, large animal, 10/6 certif. :		10	6
small animal		5	0
Expert evidence, small debt Court	1	1	0
do. Sheriff Court	2	2	0
Board and treatment for dogs, per week		10	6
Examinations for Insurance Companies to be done at the rates fixed from time to time by the N.V.M. Association. (*See published list.*).			
Examination of a horse for soundness	1	1	0
At sales 10/6 certif. :		10	6
Mileage and Visit charged unless when stated.			
Waiting, 10/- per hour ; Chloroforming		10	6
Medicines :—Colic and fever draughts, 3/- ; cattle drenches		2	0
Lotions (8 oz.) 2/6 ; liniments (8 oz.)		2	6
Blister (4 oz.) 6/- ; 1/6 per oz. ; (2 oz.) 1/6 per oz.			
Blister oil (1 oz.) 2/- ; skin dressing (1 quart)		5	0
Powders (per doz.) 6/- ; balls (each)		1	6
Pessaries (each) 2/- ; ointments (per oz.)		1	0
CONTRACTS :—			
1 to 5 horses, 1½ gns. ; with medicine	2	2	0
5 to 25 „ 1 „ „	1	11	6
25 to 50 „ 15/- „	1	5	0
50 to 100 „ 12/6 „	1	1	0
100 horses and upwards		10	0
Examinations for soundness	1	1	0

NEIL H. MACALISTER, M.R.C.V.S.,
January, 1920. Secretary.

On the motion of Mr. Milligan, seconded by Mr. Edgar, the Scale of Fees was definitely adopted.

It was decided to circulate the scale of fees among the members, and to have it signed and inserted in the minutes.

The PRESIDENT proposed that a Committee be appointed to draw up and report on Bye-laws. The Committee appointed the President, Vice-President, Secretary, Mr. Milligan, and Mr. Allan. The Vice-President to be Convener.

The PRESIDENT proposed the same Committee to act as Fees Committee.

The PRESIDENT proposed, and Mr. Lindsay seconded, that the Society affiliate with the National, and recommended all members to join.

GENERAL ANÆSTHESIA.

By A. EDGAR, M.R.C.V.S. Whithorn.

By the passing of the Animal Anæsthetics Bill the subject of General Anæsthesia has been brought very prominently before the profession. Not only has it been brought before the profession but it has been brought prominently before the public, and in the future all members of the profession will have to practise it in all major operations.

In bringing this subject before you, all that I can claim is a long experience of the administration of Chloroform, particularly to the horse. I have used it regularly for 30 years in such operations as parturition, eversion of uterus in mares, castration of rig horses, operating for poll evil, fistulous withers, neurotomy, quittor, and all operations of a painful nature. It is one of the simplest operations we have, and if a little care is exercised it is one of the safest.

In reading some of the veterinary papers I see some members of the profession have "got the wind up" because they think it necessary to have someone to administer the drug while they operate. Now in country practice, such a thing is out of the question. No doubt it would be much simpler if we had someone to assist us; but in my opinion all we want is a man with his wits about him, and one who will act up to our instructions.

If we get a parturition case in the middle of the night—as very often happens in Country districts, it is impossible to send away 10 or 15 miles for a qualified assistant. We have to tackle the whole job alone ; and if we can do that with the animal under chloroform, then we can do most other operations without assistance.

With regard to the Anæsthetics used, I have never used anything but Chloroform, and am quite satisfied with it. I have no experience of A.C.E. mixture or Ether. Where there is no urgent demand for an operation the animal should be kept from food or water for 24 hours; you will find that an animal which has an empty stomach will take less Chloroform and go over sooner than one that has not been prepared. The animal should also be well handled if it is an unbroken one; this prevents undue excitement, and makes it a good deal easier for the operator.

There are two ways of administering Chloroform to horses. The first by casting the animal with hobbles or side lines and securing it in the ordinary way; the second by administering the drug in the standing position. I have practised both ways, and as I prefer the former method I will describe that first.

Having secured the animal in the usual way, with his back up the hill, get a good man to keep down his head, by resting the knees on the neck. Now put on the muzzle (Cox's) over the upper jaw, tie it tightly at the top; then put 2 oz of Chloroform on a sponge or white fine cloth, place it in the lower end of the muzzle, and tighten up the drawing string. As soon as you have this done the animal will struggle, and possibly throw the man off his head, and get on to his breast. You may allow him to sit in this position for a minute, or pull him down. He may repeat the struggling for a minute or two, but will soon settle down. As soon as he begins to show symptoms of going to sleep pull out the tongue, and if he is going over he will allow it to remain there. I usually flick the tongue with my finger, this will indicate whether or not he is losing sensation. Some

authorities on this subject recommend tying the tongue to the bridle to prevent it falling back in throat and causing suffocation. I never do this, as I find that if the animal is kept under the influence of the drug he will never pull in the tongue. I use it as a "tell-tale" and instruct the man who is assisting me to watch that he does not pull it in; if he does, give a little more Chloroform and pull the tongue out again, next direct your attention to the eye, for you will find that it is the last to lose sensibility to pain. When there is no reflex from the eye, you may open the muzzle at the bottom and take out the cloth or sponge; you may now get ready for your operation, but you will find that, to begin with, your patient will soon come out of the first dose, and may begin to struggle again. Put a smaller quantity on this time, say ½ oz, replace in muzzle, and as soon as he is over again begin your operation, instructing your man to give a little more, taking care to remove the cloth as soon as he goes over.

Another way of administering the drug is by sprinkling it on a fine towel and simply holding it over both nostrils, this is probably the safest method, but my objection to it is that if the horse struggles he throws the towel off and has to be pulled down again before the towel can be re-applied. It takes longer but there is not the same danger of giving an overdose or of suffocation. Of course it wastes the Chloroform.

Administration while standing. I do not favour the standing method of giving chloroform. The animal may submit quietly to the process—in the majority of cases they do, but at times you will meet with one that will become violent, rear, plunge and fall backwards. If in a loose box he is likely to fall in a corner or other awkward position. If I do it at all I do it in a level green field and, as a rule, I put on the side lines, and give instructions to my assistants that if he shows signs of becoming violent just to pull him down and to do the same when he begins to swing and stagger. Without the side lines he usually staggers about, falls, and tries to get up again, and might injure himself.

If you decide to do it standing, you proceed with the muzzle and sponge as in the cast method. When the operation is about completed the inhaler is removed and the ropes taken off. Some authorities recommend keeping the ropes on till consciousness has returned, in case of the animal attempting to rise before he can support himself. I always take the ropes off at once, allow no one near him but the man at the halter, and let him lie until he takes the notion himself to get up. Very rarely will he get up until he can stand. He will certainly stagger a bit, but he soon gains his equilibrium. Don't house him until he is quite steady; watch also that he does not begin to eat too soon. As a rule the first thing an animal does after getting to his feet is to pull a mouthfull of grass. Don't allow this or any other food for at least half an hour, in case of choking.

Unfavourable results are very uncommon in our patients. Occasionally you get a blistered nostril, and, may be, a slight discharge therefrom. I have never seen any ill-effects of chloroform except in two cases, and these cases were either chloroform poisoning, or what is described by Prof. Hobday as hypostatic congestion of lungs, I can't say which. The symptoms in both cases did not appear till four or five days after the giving of the chloroform, and were not of an urgent nature. Quick breathing and pulse, no temperature, duller and not feeding so well as usual; recovery in two or three days. One animal was four hours under the drug and had two pounds of it, the other was two hours and had about a pound of chloroform. Both were parturition cases.

Sometimes when the operation has been a prolonged one an animal will sit up on its sternum and look as if it would be on its feet in a few minutes, then he will suddenly drop over on his side and have another sleep. There need be no cause for alarm. So long as the breathing keeps normal he will soon waken up again.

Mr. LINDSAY thanked the President for his able address. Mr. Edgar, he said, omitted to mention bovines; had he any experience. He operated on a race horse once, and found that the animal lost speed, which he attributed to the chloroform. He also had a case of a two-year-old rig that attempted vomition when he got up, but this soon passed, and he got all right.

Mr. MILLIGAN said he used chloroform with great success in bovines.

Mr. WADDELL said he thought bad results were due largely to bad chloroform.

Mr. EDGAR, in reply, said he used chloroform in bovines with good results, especially in cases of eversion of the uterus and in calving.

The following new members were proposed:—Messrs. MacMaster, Stoneykirk; Caldwell, Stranraer; MacEwan, Wigtown; Medlock, County Vety. Inspector, Dumfries.

It was agreed that the next meeting be held in July.

The meeting terminated with a vote of thanks to the Chairman.

NEIL H. MACALISTER, Hon. Sec. and Treas.

THE EARLY HISTORY OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

[It has been suggested that the following outline, taken from the pages of *The Brit. Med. Journal*, of the long struggle of the medical profession for the right to use their knowledge and abilities in the service of the community in the control of public health, will be of interest to many of our readers. There are still some amongst us who will remember that some of our ablest men had aspired and hoped for a share in this public health work, and how the visitation of 1866 brought into notice both the necessity for control of animal diseases, and the ability of the profession to deal with the problem. Since that time there has been an ever increasing knowledge of disease—in man and in the lower animals: yet in the recent establishment of a Ministry of Health, the knowledge and abilities of veterinary men have been "cold-shouldered" in a similar way to those of the able and enthusiastic public health pioneers of more than half a century ago.]

It may be useful to recall some of the facts relating to the early days of the Medical Department of the late Local Government Board, and how the intention of those responsible in 1871, for setting up a new Central Health Authority was defeated by the Board itself, and a great opportunity thus lost for improving the national health.

It is undeniable that this unhappy result was, to a large extent, due to the unfortunate combination of public health with the relief of the poor in the work assigned to the new Board. The old Poor Law Board furnished the Local Government Board's first president, secretary, and assistant secretaries; moreover, almost the whole clerical staff, along with the Poor Law inspectors, were transferred from the old to the new Board. The Local Government Board was thus, practically, the old Poor Law Board under a new name. The latter Board had had no medical department or medical adviser of its own, though it had been obvious for some time to competent observers that such a department was urgently required, if the interests of the sick poor were to receive due attention. The Medical staff of the Privy Council, from 1858 to 1871 the central health authority for England and Wales, was transferred to the Local Government

Board under Mr. (afterwards Sir John) Simon, its chief medical officer, of whom it may with truth be said that he did more than any other worker of the Victorian era to prevent disease and to prolong life. He had been medical officer of health for the City of London, and had been appointed later medical officer to the Central Board of Health, and, still later, to the Privy Council. For more than twenty years, therefore, before he came to the Local Government Board he had been busily engaged in sanitary administration and had acquiredan unrivalled experience in preventive medicine. He brought with him to the Board in 1871 a brilliant group of nine devoted workers, each a specialist in some branch of public health. Among the best known were Seaton, Buchanan, Netten Radcliffe, Thorne, Ballard, Blaxall, and Dr. (afterwards Sir) Anthony Home, V.C. A little later William Henry Power joined them.

Simon himself was an F.R.S., and four others of his small band of medical inspectors subsequently received this blue riband of science. Three of them also ultimately succeeded, one after the other, to the office of medical officer to the Board, one receiving a knighthood and the other two the K.C.B. These facts show the high quality of the men who were the first members of the Board's Medical Department.

As far back as 1854 Simon had drawn up a scheme for the formation of a "Ministry of Health" in which investigation of industrial diseases and the supervision and regulation of unwholesome conditions of employment found a place along with other matters for improving the health of the nation. When the Local Government Board was established the more thoughtful sanitary reformers of the time had misgivings as to the effects that might follow upon the conjunction of public health with the administration of the Poor Law. It was confidently expected, however, that separate secretaries would be appointed for each of the two branches of the work, that therefore the two interests would not clash, and that Mr. Simon would have the same liberty of action and powers of initiation in regard to the medical policy and work of the Board as he had when at the Privy Council. Unfortunately for public health the president concentrated the duties in the hands of one secretary, the previous secretary of the Poor Law Board. By statute the new Board was empowered to delegate the exercise of its powers to its secretariat, and Mr. Simon was informed that his department was only to be used for consultation or for special inquiries, and that in all cases these inquiries would have first to be sanctioned by the secretary or by an assistant secretary. The effect of this was, practically, that Simon could take no action without the written permission of the secretariat. The groundwork of his plan for immediately improving the sanitary condition of the country was to make, by his medical staff, a survey of every district in England and Wales, and he asked for sanction to carry this out; also, in order to do the work without undue delay, he proposed the appointment of four or five additional medical inspectors. Most unfortunately for the country his proposals were rejected. All that he secured was permission to inspect, as occasion arose, certain districts in which a scandalous amount of disease was present, or where complaints had been made as to grave insanitary conditions. But the districts thus inspected formed but a fraction of the number that should have been visited, and the beneficial results were therefore comparatively small for the whole country. How great was the need at the time for this survey is shown by the following facts: There were no medical officers of health in office except in a few large cities such as London and Liverpool; what sanitary legislation existed was largely of the adoptive kind and seldom adopted: filth nuisances of the grossest sort were almost universal; the subsoil of many towns and villages was sodden with human excrement; midden privies stood in close proximity to shallow wells sunk in porous soil; sewerage and drainage were often defective or absent altogether; housing conditions were bad, and overcrowding was common; the so-called tenement houses of the poorer classes were "hotbeds of nuisance and disease"; the general death rate and the infantile mortality were excessive; statisticians of the day calculated that of about 500,000 deaths annually reported at least 125,000 were due to preventable causes. It may be added that in 1871 nearly 14,000 persons died of enteric fever and over 23,000 of small-pox; typhus and malignant scarlet fever were prevalent in many parts of England, and relapsing fever was appearing in London. At the same time cholera was epidemic on the Continent and had spread to ports in the Baltic, from which it had reached Hamburg, a place that often in the past had supplied the infection to England by means of shipping.

The Board's secretariat, obsessed apparently with the idea that the administration of the laws for the relief of the poor was the one thing needful, refused to listen to Simon or to allow his medical inspectors to rescue the nation from insanitation and filth diseases. This refusal was a bitter blow to Simon, with his great record of hitherto continuous progress. Unhappily another humiliation was awaiting him. In 1872 an Act had been passed making the appointment of medical officers of health and inspectors of nuisances compulsory in every sanitary district in England and Wales. In 1873 the Board decided to ascertain the sanitary state of the country and to advise local authorities as to these new appointments. It seems now incredible, but it is the fact that the Poor Law inspectors now called "general" inspectors, were entrusted with this duty! These inspectors were gentlemen of good average education, well versed in the laws for the relief of the poor, but quite ignorant of public health or of sanitary administration. Simon had the humiliation of witnessing the harm these men were doing in dealing without expert advice with the formation of sanitary districts—mischief, from the results of which the sanitary service of the country is still suffering. The action of the Board can hardly be explained by ignorance of the problems involved; it is more probable it was an aggravated instance of the antagonism which then prevailed among lay officials of the Board against the medical profession, an antagonism which is said still to linger in some Government departments. Other medical investigations which Simon wished to carry out were cut down or restricted, the Medical Department becoming more and more subordinate to the Poor Law work. Any medical inspector instructed to make an investigation was directed by the Board to write, before he began the work, to the Poor Law inspector of the district, intimating to him that it was proposed to make inquiry on such and such a date into epidemic disease or insanitary conditions, as the case might be. It was, we believe, very rare—at any rate in the earlier days—for any acknowledgement to be made of the medical inspector's letter, or for the Poor Law inspector to assist him in the investigation. There is no doubt the latter official resented what he regarded as the intrusion of a medical inspector into his district.

Another point which galled Simon was that correspondence with sanitary authorities, regarding matters arising, for instance, out of a medical inspection, had to be conducted by the clerks of the Board and the letters signed by a secretary. Letters drafted by the clerks of the Board often missed the point at issue, though the letters had passed through three or four hands. The obvious way to save time and labour would have been for the medical officer or his deputy to dictate in his own department the letter, which would then have been signed by him. Referring to this "circumlocution" method of the Board, Simon remarked in his *English Sanitary Institution*: "Where medical officers of health were sup-

posed to be advised on their official reports and on points of sanitary practice involved in them, not only does the signature of the secretary fail to add weight to the advice in the letter, but the advice may to some extent have had to adapt itself to the signature : for the common usages of professional life would hardly allow the central medical officer to express himself through a non-medical secretariat as freely as if he were writing in his own name. There would be difficulty in medical consultation correspondence on the treatment of disease if it were made similarly circuitous ; if, for instance, a foremost London consultant, having to suggest to his professional brother in the country some different treatment for the squire's asthma or the lady's megrim, were not in direct correspondence with his fellow practitioner, but must have his medical suggestions adopted by the family solicitor and expressed to the distant doctor in the form of a lawyer's letter." Simon's position gradually became more and more untenable ; and to him it was intolerably bitter to see great opportunities wasted or mismanaged by a hostile and sanitarily incompetent lay staff. He struggled on for five years, from 1871 to 1876, when he retired, a discouraged and disappointed man.

Considering the course of subsequent events it is impossible not to realize how much higher would be the present position of our national health, and how much higher also would be the status of the sanitary service of the country, if Simon's statesmanlike and practical proposals had received the attention they merited. It is a matter of notoriety that the brilliant work which he and his successors did at the Local Government Board was achieved in the face of official hostility and petty interferences; nevertheless many of the reports of the Medical Department under Simon are still regarded as classics in sanitary literature. Though somewhat late, Simon received ultimately some acknowledgement of his unselfish efforts on behalf of public health, for in 1887 he was decorated with the K.C.B. He died in 1904 at the age of 88. He was succeeded as Medical Officer of the Board by Dr. Seaton, whose name will always be honourably associated with the passing of various Vaccination Acts, and who will be remembered for his organization of public vaccination throughout this country. He, however, remained in office for only three years. His health was bad most of the time, and he died a month after his resignation in 1879. His successor was Dr. (afterwards Sir George) Buchanan, who continued the struggles of the Medical Department against the oppression of the Board's secretariat, striving for a proper recognition of the importance of the medical work, and for a freer hand in taking steps to improve the public health. He carried on, with varying success, until 1884, when cholera again became epidemic on the Continent and threatened to invade England. By this time public opinion as to the prevention of disease had so far developed as to hold the central health authority responsible for taking proper steps to protect the country. For this or some other reason, a proposal by Buchanan to start a sanitary survey of the country was favourably considered by the Board and finally sanctioned, permission being given to engage six temporary medical inspectors to assist the permanent staff. This survey led to most gratifying results. Many badly administered districts were placed in a proper condition, many scandalous nuisances suppressed, water supplies improved and protected, proper sewerage and drainage provided, and other conditions made wholesome and sanitary. The district councils as well as their officials were deeply grateful for the help and advice they had received from the medical inspectors during the survey. Even the unsympathetic officials of the Board could not deny the good work that had been done, and later agreed to a fresh sanitary survey and the appointment of additional medical inspectors in 1892, when cholera actually invaded England. In 1892 Buchanan, whose health was now unsatisfactory, resigned, but his death did not occur until 1894. Upon Buchanan, as well as upon Simon, fell the heaviest part of the great struggle against the injustice inflicted on the Board's Medical Department.

Sir Richard Thorne succeeded Buchanan in 1892, and under him the Medical Department came in time gradually to receive better treatment from the lay officials of the Board, and in consequence much excellent work was then accomplished. The improvement of the relations of the Medical Department with the Board after 1892 was due to a great extent to the firm attitude assumed by Sir Richard Thorne, and to the exercise of his diplomatic abilities and tact, which helped to smooth over some of the difficulties that had previously existed. We have not space to discuss further events in the life of the Medical Department under the leadership of Thorne and his successor, Sir William Power, and later under Sir Arthur Newsholme. The attitude of the secretariat towards the Medical Department in the Board's latter period was greatly improved and their relations were more or less cordial ; but it may be said that the seeds of evil planted in the early days of the Board left their inhibitory influence on the national health to the very end of that authority's existence.

Victoria Veterinary Benevolent Fund.

A quarterly meeting of the Council was held at the Registered offices, 10 Red Lion Square, W.C., on Thursday January 8th, 1920, when the following members were present :—S. H. Slocock, President, in the chair, Messrs. G. A. Banham, Gen. L. J. Blenkinsop, J. W. McIntosh, T. Salusbury Price, E. A. West, J. Willett, G. H. Wooldridge and P. J. L. Kelland, Hon. Secretary and Treasurer.

Apologies for absence were received from Messrs. H. J. Dawes, F. L. Gooch, J. Ewing Johnston, Sir John M'Fadyean, T. McGuinness, C. W. Townsend and W. Jackson Young.

The minutes of the previous meeting, having been published, were taken as read and confirmed.

Correspondence. A letter was received from the Professional Classes War Relief Council asking for the appointment of a representative to attend a Conference to be held on Feb. 18th.

It was resolved That the President be appointed to represent the Fund at the proposed Conference.

A letter was received from Mr. J. Ewing Johnston, suggesting that collecting boxes should be supplied to the Presidents of each Veterinary Medical Association for use at meetings.

On the proposition of Mr. Willett, seconded by Mr. West, it was resolved That Mr. Ewing Johnston's suggestion be followed, and that the Secretary be instructed to supply collecting boxes to all associations willing to accept them.

Secretary's Report.

Since the previous quarterly meeting, the following donations have been received ;—

Estate of the late Maj. J. W. Coe	£6	11	4
J. Gibson	1	1	0
H. C. Harrison, T.F. Dinner Fund	3	2	7
R. B. Palmer, Billeis Club Stewards	17	0	0
H. L. Roberts	3	3	0
W. L. Sinton	1	0	0
S. H. Slocock		10	0
W. W. Smart	1	1	0
	£33	8	1

The following amounts have been received from collecting boxes :—

E. Whitley Baker		8	0
J. Wright Conchie	1	10	0
J. L. Cormack	1	15	0
E. R. Edwards	1	12	7
H. Gillmor	2	16	9
F. L. Gooch		8	0
A. Munro	10	17	3
Royal Vet. Coll. Lond. per Prof. Wooldridge	1	8	0
Royal (Dick) Vet. Coll. Edin.		5	6
S. H. Slocock		12	6
J. Willett	1	13	0
S. M. Woodward		10	0
W. J. Young	2	17	1
	£26	13	8

Nine new subscribers have been registered :—

J. Aitken		10	6
H. Gillmore	1	1	0
J. Marshall		10	6
H. L. Roberts		10	6
G. W. Rutherford	1	1	0
G. Scade, 1919-20-21	1	11	6
D. C. Smith		10	6
Derbyshire V.M.A.	2	2	0
Western Counties V.M.A.	2	2	0
	£9	19	6

During the quarter information was received that Mrs. W. (case 22) aged 83, was ill and confined to her bed. It was reported that she needed a few extra comforts and that the doctor's visits would have to be paid for. The Executive Committee therefore made an extra grant of ten shillings per week to continue while she is ill.

At Christmas the Executive Committee decided to pay an extra grant of £1 to five of the most necessitous cases. Towards this sum however special donations were received nearly covering the expense.

I regret to have to report that 50 members who paid their subscriptions for 1918 have not renewed them for 1919, and that only 39 new members have been registered during the year. There is thus a decrease of 11 in the list of members. This is very much to be deplored. If it is in any respect due to a belief that the Fund has less need of support than before it cannot be too strongly pointed out that this is entirely erroneous.

The total amount spent every month in relief is now £60 13s. 4d., apart altogether from grants made in special cases, which during last year amounted to over £60. On this basis £800 will be required for relief during 1920, even if no new grants are made. But the fact is that the grants made in many instances are far from adequate, and ought to be increased. The income from subscriptions in 1919 was £465, or about 2/9 per head of the profession. This sum would enable us to give 12 persons 15/- a week. Yet there are 26 receipients already on our books, some of whom get only 7/6 a week.

I feel sure that these facts have only to be pointed out for it to be at once conceded that an increasing income from members' subscriptions must be obtained. I would express the hope that, now that the veterinary associations have recommenced work, they will not only subscribe the required sum of £2 2s. and nominate a representative on the Council, but also encourage individual members to subscribe. I believe that the profession is very generous, and that it has only to be known how real the need is for the money to be forthcoming.

In conclusion I would like to point to the amount of £26 received from collecting boxes. I am sure that there are a great many members who would find a collecting box in their surgery a very useful institution. Money is easily collected in this way, and however small in amount is very welcome. Boxes can be supplied at any time, and the only trouble given to the holders is that of emptying the box once a year and remitting the contents by cheque.

On the proposition of Mr. Willett, seconded by Mr. McIntosh, it was resolved

That the Secretary's report be adopted, and that every endeavour be made to induce as many members as possible to take collecting boxes.

Donations. The Treasurer submitted a report on the financial situation, and stated that there was a balance in the donation account of £79 which in accordance with the bye-laws must be invested. On the proposition of Mr. West, seconded by Mr. Willett, it was resolved That the balance in the donations account, when sufficient, be invested in the purchase Consols to bring the total holding up to £4000, and that the Common Seal be attached to the necessary documents.

Cases. No. 32. It was reported that this widow had married again, and that the grant had been discontinued by the Executive. An application for renewal of the grant was received, but no action was taken.

No. 53. The Executive reported that in this case they had made an interim grant of 15/- per week, the facts being as follows : Widow, aged 38, seven children all under 15, no income beyond a small subscription collected locally.

It was resolved that the grant be increased to £1 per week and that the case be brought before the notice of the National Veterinary Benevolent Fund.

No. 12. This case was deferred to the next meeting, pending replies to enquiries.

No. 54. Widow aged 28, one son 6½, income £100 per annum. No action was taken.

THE NUMERICAL EQUILIBRIUM.

To the Editor of The Veterinary Record

48th Mobile Vety. Section,
Fort Nieulay, Calais,
B.T. in F. and F.

Dear Sir,—I hoped to see in this week's *Veterinary Record* your judgment of certain portions of the Council's proceedings which you suggested should be suspended. It is not for such as I, a quite undistinguished member of the profession, to pass judgment, but we all have a right to hold an opinion and, subject to your decision, to air it in your valued pages.

I have always held the Council in great respect, and disliked the often unfair criticisms which are frequently vented in your columns, but after reading your report of their last meeting one can't help feeling that there is something seriously wrong, and that we are not in many cases being represented by men who are in touch with the profession as a whole, more especially the general practitioner, who after all is numerically the most important.

I should very much like to know if those members who hold that the schools can take as many students as they can cram in, State-aided or otherwise, and that 608 new graduates in the course of the next few years can be accomodated without "economic waste," are prepared to offer themselves for election on those grounds. I say without fear of contradiction that they would be at the bottom of the poll, that they would never be heard of again, providing the ordinary practitioner would but wake up and take an interest in things that concern him equally as much as his own practice does. Such a policy if carried out would mean starvation—not only

for the 608 new graduates, but also for a large number of struggling practitioners who are quite sufficiently crowded already.

Another point that came up at the same meeting was the question of a memorial for the fallen in the war. Let us have a Roll of Honour by all means, but, why, in the name of those who have given their lives for their country, should one subscribe to an enlargement of the museum, the dust of whose hoary relics is never disturbed by anyone but the very few who are groping into the past? Could not the balance of the fund be handed over to the Veterinary Benevolent Association, to be ear marked for the special purpose of making provision for the wives or the education of the children of any of the fallen who may be in need of it, or failing any such, to its customary benevolent work? Or for a scholarship at one of the schools? Both living memorials, breathing of hope and the future, not of the musty past. —Yours apologetically,

E. R. H. Woodcock.

PLEA FOR STANDARDISATION OF ANATOMICAL TERMS.

Sir—May I ask for a little of your space to enter a plea for the adoption of a standard nomenclature in veterinary anatomical terms. Standardisation is now in use in a great many forms, and I can see no barrier to its introduction into works on veterinary anatomy.

At present if a student makes a slight comparison in nomenclature, say from three works on anatomy by different authors, he is soon driven to the conclusion, that to study the works concurrently is an almost hopeless task. For example:-

M'Fadyean	*Biceps.*	*Deep Humeral.*
Bradley	*Biceps Brachi*	*Profundi Brachi.*
Strangeway	*Flexor Brachii.*	*Humeralis profunda.*

Here we have a muscle and an artery for all practical purposes, with three distinct names. This is most confusing to students, and gives rise to many questions.

Through the kindness of the author, I have before me a recent work on anatomy, "Limbs of the Horse." It is an excellent little book, well written, and splendidly illustrated. But the nomenclature is fatal to its introduction to students at the present stage of their work. The names vary so much from those in the book at present in use. I would suggest that the various authors, before issuing any new editions, should arrange and adopt *one* nomenclature only. It would be an advantage to the student, and it would cause an increased demand for the works. I have frequently heard students say—"it is no use buying So and So Anatomy; the names are all different."

In the event of the various authors not taking up the matter, is it in anyway within the power of our Council to do so. Any member of Council taking the matter up and carrying it to a successful issue would at least earn the gratitude of the coming generation of students. The present chaos in nomenclature must I am sure confuse even the examiners sometimes. Had I my personal choice I would prefer the system adopted by Sir John M'Fadyean.

Veterinary College, Glasgow. R. M. Malloch, M.R.C.V.S.
February 16th.

Presentations.

Mr. J. Murray, M.R.C.V.S., Maybank, Banchory, was waited upon last week by a large number of farmers and friends in the district, and presented with a wallet and Treasury notes in recognition of his services in the district during the past twenty-five years. Mr. C. Hunter, Uppermills, Drum, made the presentation.

Mr. Henry Thompson, M.R.C.V.S., of Aspatria, was, on Thursday, 12th inst., presented with a silver salver and a cheque for £500 in view of his retirement from the secretaryship of the Aspatria Agricultural Co-operative Society, Ltd., an office which he had held for 50 years, at a complimentary dinner given by the committee of the Society in the Public Hall, Aspatria. Upwards of 160 members of the local farming community and others sat down to dinner at the Brandraw Hotel. There were about 300 subscribers to the testimonial.

Mr. J. E. Brockbank, Heathfield, presided, and the presentation was made by Dr. Briggs, who, in the course of his address, said:—

"As a Veterinary Surgeon he was progressive and never lagged behind the times. His reputation was not confined to his native county, but extended to Westmorland and other parts of the North. In connection with red water, tuberculosis, anthrax, and many other diseases he has written much that is interesting, suggestive and useful. I cannot refrain from referring to Mr. Thompson's activities in regard to the disease known as red water. Forty years ago this disease was epidemic in Cumberland, more especially in the alluvial areas, such as Edderside and Abbey Holme. Many cattle perished annually from it. At the present day it is scarcely ever seen, and this immunity from it is, I think, entirely due to Mr. Thompson's suggestion of the application of salt to the pastures where the cattle fed. The credit of the whole thing belongs to Mr. Thompson who is just as keen on his scientific and veterinary work as he was forty years ago. This capacity for honest solid endeavour was, I am sure, responsible for his success and happiness in life. He was never idle, always reading or writing, or microscoping and occasionally scolding. (Laughter). His breezy freshness, combined with a boyish appearance and sense of humour, always reminded me of those who have made the sea their profession. He was born at Allonby, and it was just possible he inherited these sailor-like qualities from some old Viking ancestor. (Laughter). His cheerfulness and laughter were infectious, and there was no company so grave and dull but brightened up in spite of themselves when he joined them. Amid all the different phases of his crowded life—and they were many, and some very sad ones—his courage and light-hearted gaiety never failed. As a citizen there was no better and any theme the object of which was the betterment of the public always received his cordial support. There are few public positions in the town which he has not held at one time or another unless it be that of churchwarden. (Laughter). One of his most delightful characteristics was his love of his fellowmen, and there are few among his wide acquaintanceship who could not count on his help, sympathy and encouragement in moments of sorrow and anxiety. He had learnt thoroughly the luxury of doing good. To few were the distribution of his charities and kind deeds so well known as to myself—charities which sprang from the good instincts of a large heart, and not from that intellectual benevolence which invests in kind deeds with a view to a bonus from the Almighty."—*West Cumberland Times.*

Personal.

Dobie.—February 15th, Ridgeview, Whetstone, London, N., to the wife of T. A. Dobie, M.R.C.V.S., a daughter.

The late Mr. J. R. U. Dewar, sometime Principal of the Royal (Dick) Veterinary College, Edinburgh, 18 Drummond Place, Edinburgh, and Balbegno Farm, Fettercairn, has left estate valued at £20,321. He leaves

his instruments, specimens which he had about the College, and his professional books, except any his wife may wish to dispose of otherwise, to the Royal (Dick) Veterinary College, which had practically absorbed all his interest for so many years.

The vacancy of Chief Food Inspector, Hull, caused by the death of Mr. McPhail, has not yet been filled. The duties are at present being done by Mr. H. P. Lewis, the veterinary surgeon to the Hull Corporation.

VETERINARY SURGEON SHOT.

A raid for arms occurred on Saturday night last in a suburb of Cork. Four armed and disguised men called at the residence of Mr. M'Swiney, a veterinary surgeon. Stepping quickly into the hall, they presented revolvers at Mr. M'Swiney and demanded money and arms. His reply was to whip from his hip pocket an automatic pistol, with which he shot the leader of the gang, it is believed through the heart. His attempt to shoot another failed through the jamming of the cartridge.

Rather than remain at the mercy of the remaining three raiders, Mr. M'Swiney started running upstairs. Two shots were fired at him, one shattered the bone of his right forearm and the other hit him in his left arm. He fell on the stairs, and two other shots passed close to his head. The raiders then bore away the leader, who was probably already dead. Mr. M'Swiney was removed to hospital, where he is making satisfactory progress.

OBITUARY.

GEORGE PEARSON, "Existing Practitioner,"
Fairholme, Chelston, Torquay.
Died 9th February, 1920.

SUBSCRIPTIONS TO R.C.V.S.

The Secretary of the Royal College of Veterinary Surgeons begs to acknowledge the receipt of the following subscriptions for 1920. In each case the amount is £1 1s., except where otherwise stated *

Armfield, J. M., Sheffield
Aulton, F., Tutbury
Brooke, W. H., Handworth
Awde, W., Major R.A.V.C. (T.F.), 1919, 1920 £2 2s. *
Campbell, W.A., Boro'bridge
Heatley, T. G., Woodbridge
Holmes, J. T., Bourne
Lang, W. W., Brigg, 1919-20 £2 2 *
Lepper, H. G., Major
Lepper, T. W., Aylesbury
Meikle, C. E. J., Sunderl'd
Rider, J. R., Beamish
Sadler, M. J., Burton-on-Trent, 1919-20 £2 2 *
Senior, W. G., Weymouth
Stent, E. H., Hulme
Trigger, W., Newcastle-under-Lyme
Vety. Officers,*
Dar-es-Salaam £4 16 5
F. J. McCall,
McL. Dawson,
R. R. Dalling.
Fwd. Feb. 11 £602 14 0

£627 9 5

Feb. 18th.

ARMY VETERINARY SERVICE

MENTIONS.

The names of the following have been brought to the notice of the Secretary of State for War for valuable services rendered during the military operations in Kurdistan (dated Nov. 15, 1919):—

SOUTHERN KURDISTAN.

* * * *

Creery, T/Lt. R. L.; Shea, Capt. (A/Maj.) T. L.

DISEASES OF ANIMALS ACTS 1894 TO 1914, SUMMARY OF RETURNS.

Period.		Rabies. Cases Confrmd Dogs	Rabies. Cases Confrmd Other Anmls	Anthrax Out-breaks (a)	Anthrax Animals.	Foot-and-Mouth Disease. Out-breaks (a)	Foot-and-Mouth Disease. Animals.	Glanders.† Out-breaks (b)	Glanders.† Animals.	Parasitic Mange. Out-breaks (b)	Parasitic Mange. Animals.	Sheep Scab. (b)	Swine Fever. Out-breaks (a)	Swine Fever. Slaughtered. *
GT. BRITAIN. Week ended Feb. 14				9	9	2	220	1	5	154	270	21	40	20
Corresponding week in	1919	1	1	3	13	2	190			208	387	15	18	3
	1918			9	9					177	330	24	10	3
	1917			18	20					85	194	28	31	7
Total for 7 weeks, 1920		2		68	77	28	1640	6	13	1140	2119	177	304	114
Corresponding period in	1919	16	2	29	43	16	990			1230	2554	138	124	89
	1918			50	59			2	3	1096	2155	150	106	33
	1917			102	109			4	7	609	1301	231	235	91

(a Confirmed. (b) Reported by Local Authorities.
Board of Agriculture and Fisheries, Feb. 17, 1920

† Counties affected, animals attacked :— London 5.
Excluding outbreaks in army horses.

IRELAND. Week ended Feb. 14			...	...	...	...			Outbreaks 4	8		
Corresponding Week in	1919	...	...	...	...	...	...	...	...	2	4	1	25
	1918	...	...	...	...	...	...	...	...	6	19	...	...
	1917	...	...	...	...	...	1	1			17	4	12
Total for 7 weeks, 1920			...	...	...	...	1	2	26	68	1	4
Corresponding period in	1919	...	...	...	...	...	...	...	...	19	82	8	38
	1918	...	...	...	...	...	...	...	...	30	93	1	1
	1917	...	1	1	...	...	1	1		6	109	23	138

Department of Agriculture and Technical Instruction for Ireland, (Veterinary Branch), Dublin, Feb. 16, 1920

NOTE.—The figures for the Current Year are approximate only.

* As Diseased or Exposed to Infection